

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) **08/983394**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	10		7			
TOTAL DEP.	60		33			
TOTAL CLAIMS	70		40			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52	/		/			
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99		/		/		
100		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						